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\*\* CONTINUING DATA \*\*\*\*\* *none RE*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none RE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>RE</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

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## TITLE

System and method for using multiple medical monitors

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
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